

City of Tigard CITY ADMINISTRATION

Citizen Committee Interest Application

Boards or Committees Applying For: _

Name:			Date:		
Address (Res.):					
City:	Zip Code:		Bus. Phone:		
Address (Bus.):			E-mail:		
City:	Zip Code:		Suggested by:		
Length of Residence in	Гigard:				
Where did you live previou	usly?				
Educational Background:					
Occupational Status and B	ackground:				
How long have you been e	employed with this firm: _				
Previous Community Activ	vity:				
Organizations and Offices:	:				
Other Information (Gener	al Remarks):				
Any other pertinent inform	nation you want to share?				
Person to notify in case o	f emergency:				
Address:		City:	State:		
Contact Phones:					
			e participating in this activity numbers action, by the City of Tiga		
Signature of Participant:			Date:		

Please return this form to City of Tigard, 13125 SW Hall Blvd., Tigard, OR 97223